

Pennine Care NHS Foundation Trust

Cambeck Close

Inspection report

Cambeck Close
Manchester
Lancashire
M45 8NF

Tel: 01617966415
Website: www.penninecare.nhs.uk

Date of inspection visit:
07 June 2016
08 June 2016
13 June 2016

Date of publication:
30 November 2016

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

This was an announced inspection, which took place on 7, 8 and 13 June 2016. The inspection was an announced and part of the wider trust inspection of Pennine Care NHS Foundation Trust. Pennine Care NHS Foundation Trust is registered to provide mental health and community services to people who live in Bury Oldham and Rochdale. The Trust also provides mental health services in Stockport, Tameside and Glossop as well as community services in Trafford.

We had previously carried out an inspection in February 2013 of Cambeck Close short breaks scheme when we found the service had complied with all the regulations we reviewed.

Cambeck Close provides an overnight accommodation short break service to children and adults who live in Bury, who have a severe learning disability and complex healthcare needs and may have behaviour that challenges the service. Personal and nursing care support was provided. Children and Adults are accommodated separately in two three bedded adapted bungalows. At the time of our visit, 22 children and 20 adults were accessing the short breaks scheme and were allocated overnight stays throughout the year.

The service also provides personal care services to adults with learning disabilities in their own home. This arrangement is called 'supported living' because people are supported to live often in groups, in properties, which are provided by a housing association or other landlord. At the time of our inspection, the service provided 24 hour support to eleven people in four properties, in the Bury area. At the time of our visit to the short breaks scheme, two children and one adult were staying at the service. We also visited two of the four supported living houses where six people lived.

There was a registered manager in place at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who were able told us that they felt safe at the service. Staff we spoke with told us that they had received training in safeguarding children and vulnerable adults. They knew what action to take if they had any concerns about a person being at risk of harm or poor practice.

Recruitment processes in the service were sufficiently robust to help ensure the protection of vulnerable people from the risks of unsuitable applicants being recruited.

We saw that there were sufficient staff available to meet people's needs. No outside agency staff were used by the services. This meant that people who used the service received consistent support from a staff team who knew them well.

There were systems in place to ensure the safe administration of medicines and effective infection control

practices. Staff had received the training they needed to support people safely and effectively.

We saw that the premises we visited were user friendly. They were well maintained, homely, brightly decorated and adapted to meet the needs of people with disabilities.

People told us and we saw that they were encouraged to eat healthily.

People had the access they needed to health and social care professionals.

The atmosphere in the services was relaxed and friendly and there was a good rapport between people who used the service and the staff supporting them.

We saw that those who used the services had person centred care records, which included easy read formats and photographs that helped people to be involved.

People had access to a range of activities that met their individual needs and were encouraged to be as independent as possible.

All the people we spoke with told us the registered manager and all the staff were approachable and would always listen and respond if they raised any concerns.

During this inspection, we contacted the commissioner and safeguarding teams at the local authority and Clinical Commissioning Group (CCG). They raised no concerns about the service with us.

We saw that the service asked relatives for feedback about both services to check out what they thought about the quality of service their family member received. We saw twenty returned questionnaires and email responses about the service, which were overall positive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff were trained in safeguarding children and adults and were aware of how to identify and respond to allegations and signs of abuse. Staff were aware of their responsibilities for reporting poor practice and how to raise any concerns.

Recruitment processes were sufficiently robust to protect people from the risk of being cared for by unsuitable staff. Staffing levels were sufficient to meet people's needs.

Following a recent and on-going review, safe systems were in place for the management and administration of medicines.

Is the service effective?

Good ●

The service was effective.

Prior to a service being offered an assessment was undertaken so that the service could be sure they could meet people's needs.

People received support from a staff team who had received the induction, training, support and supervision they required to be able to deliver effective care.

People were supported to eat and drink healthily.

Is the service caring?

Good ●

The service was caring.

The atmosphere in the services was relaxed and friendly and there was a good rapport between people who used the service and the staff supporting them.

The supported living service made every effort to keep people in their own homes for as long as possible so that they could stay with people and staff that knew them well.

Is the service responsive?

Outstanding ☆

The service was responsive.

People, where able, chose how they spent their time and could access a wide range of activities.

People were encouraged to be as independent as possible. They had busy lifestyles and used local facilities.

Where appropriate, the service took a key role in the local community and was actively involved in building further links.

Systems were in place for people and their relatives to raise concerns or make suggestions about ways to improve the service.

Is the service well-led?

The service was well led.

Regular meetings took place between managers and staff so that any issues could be resolved or ideas for improvements to the service could be shared.

A range of systems were in place to assess and monitor the quality of the service provided.

Good ●

Cambeck Close

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an announced inspection, which took place on 7, 8 and 13 June 2016, and was carried out by one adult social care inspector.

Prior to the inspection, we looked at information we held about the service and information on the provider information return (PIR) we had received. This is a document that asked the provider to give us some key information about the service, what the service does well and any improvements they are planning to make. We also asked the local authority and Clinical Commissioning Group (CCG) safeguarding and commissioning teams for their views on the service; they raised no concerns with us.

During our inspection, we spoke with three people who live at the supported living service and two relatives of people who used the short breaks scheme. We saw that the people staying at the short breaks scheme had complex disabilities and health care needs. This meant that they were unable to tell us about their experiences of receiving a service. We also spoke with the registered manager, an Associate Director and an Acting Manager for the Learning Disability Directorate, a nurse, an assistant practitioner, five support staff, the team administrator and a housekeeper.

We carried out observations in public areas of the service, looked at four people's support plans, and associated records. We also looked at a range of records relating to how the service was managed including four staff personnel files, staff training records, duty rotas, policies and procedures, quality assurance audits and other records about how the service was managed

Is the service safe?

Our findings

People who used the service, relatives and staff told us that they thought the services were safe. One person who used the Supported living scheme said, "I feel safe here with the staff." Another person indicated by gesture the same.

Staff told us that they had received training in child protection and safeguarding vulnerable adults from abuse. A staff training record that we saw confirmed that this was the case. The staff we spoke with told us what action they would take if they witnessed an incident of abuse or suspected someone was being abused. They also understood their responsibilities in relation to whistle blowing if they had concerns about the poor practice of colleagues. Staff gave examples of two situations where they had taken further action to check out that people were safe.

We were told by staff that there was a whistle blowing hotline they could use to raise concerns and the providers safeguarding lead. Some staff also told us that they had received safeguarding supervision sessions from the learning disability community team.

We saw that there was a supported living scheme financial protocol in place to help protect people's finances. We saw an audit had been carried out at one house in January 2016.

We looked at the personnel files for one nurse and three support workers who were employed by the service. The staff files we looked at contained application forms and proof of identity. We saw that a record was kept of disclosure and barring service checks (DBS) the provider had made. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. This helps to protect people from being cared for by unsuitable staff. There was a system in place to check that nurses were safe to practice and registered with the Nursing and Midwifery Council (NMC).

We were told and staff records confirmed that staff had been interviewed as part of the selection process. A person who used the service told us they had been involved in the recruitment of staff. They said, "I ask questions about how they would look after disabled people." They gave examples about what a staff member would need to be able to do such as give out medication. We saw a copy of the easy read interview recording sheet that was used by the service user panel.

The registered manager and staff told us that the usual staffing levels through the day at the short breaks scheme was a minimum of one nurse and three support workers, and at night two waking support workers and one nurse who slept in. The staff we spoke with said that staffing levels were in the main sufficient to meet people's needs. A staff member said, "I don't go home until everything that needs to be done for people is done." We saw that on-call management arrangements were in place for staff to use in an emergency.

We saw that at the supported living scheme that there had been a low turnover of staff which meant that

people were being supported by staff who knew them well. There were also longstanding bank staff supporting both the short breaks and the supported living schemes, who knew people well. The bank included staff who had left to undertake nurse training. Managers told us that outside agency staff had not been used in the last 12 months.

We saw the copies of the rotas for the two supported houses we visited. We saw that written on the rotas were the arrangements in place for people, which included health care appointments, attending day centres, college, having an aromatherapy massage and watching a football match. This meant that staffing was arranged flexibly to meet people's planned activities.

Managers told us that a review of staff members' roles and responsibilities was being undertaken to check out that they were effective.

We saw on the care records that we looked at that there were a wide range of risk assessments in place that related to people's individual needs. These included, as appropriate, moving and handling assessments. We were told that two staff were qualified to train others in moving and handling techniques. The trainers had offered training at the Bury Parents Forum.

We looked at the investigation into a recent fall, which resulted in the fracture of a bone. We saw that the investigation was detailed and identified areas of good practice as well as lessons learnt. We saw an action plan had been put in place to address the concerns. We saw that the person concerned was receiving support from an appropriate healthcare professional and action had been taken to minimise any further falls during their recovery.

We saw that both the bungalows at the short breaks scheme and the supported living houses we visited were clean, tidy and no malodours were detected. We saw that bathrooms and toilets had hand wash and paper towels available. Hand wash and paper towels help reduce the risks of cross infection. We saw that staff had access to personal protective equipment (PPE). Staff were provided with disposable gloves, aprons and red bags were used for the transfer of soiled items to the washing machine. Housekeeping support was also available at the short breaks scheme. The housekeeper showed us the single use cleaning cloths and mops that were used at the service.

External checks on infection prevention and control were also undertaken by a health protection nurse. We saw that the short breaks scheme had scored 96 out of 100% at their last annual audit for 2015 to 2016 and 100% across four quarters in the hand hygiene audit.

We looked at a sample of maintenance certificates and records for the premises and equipment at the short breaks scheme. These showed equipment such as hoists and gas and fire safety systems were checked to ensure they were safe.

A person who used the supported living scheme told us, "I get my medicines on time and never run out." Another person indicated they thought this was always the case. We saw the medicines we looked at during a visit to a person's home were safely managed.

We saw examples of a detailed safe administration of medicines competency checks for staff that were carried out by the service. We saw a record of a medication audit being carried out by the manager in January 2016.

At the short breaks scheme handover we saw that keys to medicines were passed from the nurse going off

duty to the nurse coming on. We saw that medicines were securely held. The medication administration sheets were hand transcribed by a nurse and checked by a second nurse or the assistant practitioner. We saw that a control drugs cabinet was in place and found the medicine being stored was accurate against the control drug register.

We saw that following two incidents involving medicines errors at the short breaks scheme that the service had taken a proactive approach to rectify the situation. An action plan had been put in place to help identify concerns and what action was to be taken and by whom to make improvements. Improvements included the arrangements for the handover of medicines from parents/carers via school of children and young people who were receiving short breaks and making sure that medicines were in the packaging they were dispensed in. Further work was underway to improve the systems in place to protect people and staff for the safe administering medicines covertly (without people's knowledge) at the short breaks scheme. The registered manager told us that there had been no further errors since the two incidents.

Is the service effective?

Our findings

We saw that the premises we visited were user friendly. They were well maintained, homely, brightly decorated and adapted to meet the needs of people with disabilities.

We saw at the bungalows at the short breaks scheme that there was a kitchen, lounge and conservatory areas. Each bungalow provided two bedrooms with an en-suite shower and the third bedroom was situated close to a bathroom. We saw that each bungalow was adapted to meet the needs of people with physical disabilities and had specialist equipment to meet the needs of people who used the service.

We saw that recently the service had fitted two rise and fall baths with sensory effects to the water and LED lighting which people were said to enjoy. There was also a mould insert available for the bath so that people could enjoy the experience in comfort. A parent told us that, "[Child] loves the bath." We saw specialist beds were used, for example, a large cot bed that was suitable for children who needed to be tube fed throughout the night and for those children who wanted to feel more secure. In the children's bungalow, there was a sensory area, which was big enough to fit large moulded wheelchairs that the children used.

We saw at the short breaks scheme there were wheelchair accessible and family friendly gardens, with raised beds, sensory equipment and safe planting, for example, herbs and strawberries. Staff were outside and planting hanging baskets when we arrived. A person was sat under a large wooden gazebo to protect them from the sun. We saw that there was also, a wheelchair friendly area known as the 'Woodland Walk' to the side of the bungalows, which had stopping points where there were large activities that children and young people could use that made sounds. There was also seating available under a tree where story telling took place.

The registered manager told us about the process the service followed when a new person was referred to the short breaks service. This involved carrying out an assessment of individual needs by observing the person and gathering information from a range of sources such as relatives, school and healthcare professionals. We saw copies of the assessment used by the short breaks scheme.

Following the assessment there was a gradual introduction to the service by the child or young person, which eventually led to overnight stays. The registered manager told us about an on-going assessment where a child required a 'safe space' assessment so that they could support the child's needs safely with the right equipment in place. This assessment was on-going.

We were aware that the short breaks scheme was not open on a full time basis. We spoke with the team administrator about how arrangements were made to use the service. They told us about the allocation system in place. They told us that nursing staff considered the compatibility of people and any presenting risks when co-ordinating people's stay at the short breaks scheme.

We attended one of the three daily staff handover's at the short break scheme. We heard staff updating each other in respect of each individual. This included what they had been doing, their personal care and support

needs, risks and what activities were planned for their stay.

Staff told us that it was important that they knew children and young people well as some presented behaviours that could challenge the service and could place physically vulnerable people at risk. We were told that no physical intervention techniques were used by the scheme. Positive interventions were used to distract and de-escalate any challenging situations. A staff member said, "We are assessing all the time for risks."

We were given examples of how children had made positive progress in their behaviours as they settled into their stays at the service. For example, sitting for longer, becoming more patient and less resistant to personal care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. MCA requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS) and applies to adults.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that the registered manager had a system in place to monitor deprivation of liberty applications, authorisations and renewal dates.

We saw that both services were well stocked with food. Staff at the short breaks scheme went shopping at local supermarkets and some items were available from the provider's stores. The weather was very hot during our visit and we saw that there was plenty of juice and water for people to drink. We saw that there was water, fruit juice, fruit, crisps and small rice puddings out for people to eat and drink as appropriate.

We were told that care was taken not to feed children with PEG feeds at the same time as children fed orally. We saw that people used specialist equipment, for example, cups that were easy to hold, at meal times.

Staff told us that they received specific training to manage and support the individual health and care needs of each person who used the service. We saw that some staff had access to additional training to support people with their health needs. Training included, tube feeding (PEG) and tracheostomy training. A staff member told us that they worked with other health care professionals where the person had complex health issues. The service had good links with school and community nurses.

One person we spoke with at a supported living house told us about how after coming to live at the service they had lost a significant amount of weight. They showed us photographs that supported this in their person centred care file. They told us that the weight loss had been achieved through healthy eating which in turn had led them to be able to lead a more active lifestyle. They said, "My consultant is always shocked when I see him."

People in the supported living scheme told us, and we saw on their records, that they had access to a wide range of health care professionals for routine appointments such as doctors, dentists and opticians.

We saw that the service was involved in a work stream with the local Clinical Commissioning Group (CCG) to look at ways to improve the services received by the people with learning disabilities. The work stream was

looking at, for example, reducing the prescribing of anti-psychotic medicines, increasing health screening and improving the management of long-term health conditions.

We were told by staff that they received corporate training and an induction to the service that they were working at. Records of these were maintained. Staff told us they thought they had a good staff team. A staff member said, "We know each other's strengths."

Staff told us that they received a wide variety of training, which included mandatory health and safety training and person specific training. Records we saw showed that staff undertook training in moving and handling, conflict resolution, equality and diversity, basic life support, paediatric life support, health and safety, infection control and fire safety. Competency assessments were also undertaken to ensure staff provided the right support to the correct standard. We saw from records that staff received regular formal supervision from their line manager.

We talked to an assistant practitioner. They told us about how the provider had supported them to take a two year course at a local university to enable the necessary training for the role. There were also opportunities for staff to attend coaching and mentoring programmes. Staff had access to occupational health for support and more recently mindfulness courses to help enhance their well-being.

Is the service caring?

Our findings

The atmosphere in both bungalows at Cambeck Close and the supported living scheme houses was relaxed and calm. The people who were receiving a service appeared comfortable and content. During our visit, we saw that staff assisted people in a respectful and unhurried manner. There were frequent and friendly exchanges between people who used the service and staff. We saw staff involving each person they supported in what they were doing by explaining their actions. Staff were clear that people's needs came first.

People who were receiving a service at the short breaks scheme at the time of our visit were unable to tell us what they thought about it. However, we spoke with the relatives of two people who used the service. They spoke positively about the service they received. A parent told us that the service was, "A life saver. Knowing we have this service keeps us together as a family. We are very lucky to access it."

People we saw appeared well dressed and cared for. When we arrived at one of the supported living houses, we saw that a mobile hairdresser was visiting and a person was having their hair cut. Another person was receiving an aromatherapy hand massage. Staff told us, "This is a busy house. Our priority is [people] them." A new member of staff said of the house, "It's a fun place to work and live." We were told that one person enjoyed going to church.

Staff spoke positively about their role and responsibilities and demonstrated a good understanding of the needs and preferences for people with complex health care needs. Staff told us that planning for people's stay at the short breaks scheme was very important and that good communication was key in building relationships with children and young people. A staff member told us that they had some understanding of sign language and Makaton and this helped them to communicate with some children and young people.

We saw at the supported houses that we visited that they were highly personalised, particularly people's bedrooms which were individually decorated and furnished as they wanted.

Staff anticipated people's needs well and were aware in the supported living scheme of changes in people's circumstances, for example, the effects of ageing and age related conditions.

We were given an example of a situation where a person who used the supported living scheme had become ill during a holiday in another area. We heard that members of the staff team travelled to the hospital where the person had been admitted to on a daily basis. They did this to support the person to eat their meals in their own time and help them to move about.

We were told by the registered manager that they would do all they could to help ensure that people who used the service were cared for in their own home for as long as possible. A staff member told us, "We have had to fight to keep [person] here." We saw that the person concerned had, with support, returned to good health and an active life.

A social worker had also sent in their thanks about how Cambeck Close had responded to an emergency situation the short breaks team had, "Gone above and beyond what could be expected" and that they were "appreciative of Cambeck's support during this difficult time."

A staff member told us that they were with a second member of staff undertaking the Six Steps end of life training programme for people with Learning Disabilities at the local hospice. They said that they were enjoying the course and showed us examples of the learning materials that they used. These included pictorial easy read versions of anxiety and depression leaflets for people to use as well as a pain profile.

Is the service responsive?

Our findings

We looked at a sample of four care and support records. Two from the short breaks scheme and two from the supported living scheme. We saw evidence that people's needs had been assessed and detailed information was recorded about their individual routines and preferences. Specific health care plans and risk assessments were in place for each person. We were told that staff from the short breaks scheme carried out regular home visits to carry out a review and update the individuals care plan should their needs have changed. A staff member said, "We always try to work in a person centred way."

We spent time with two people who lived at the supported living scheme looking and talking about their person centred plans. We saw that the plans were formatted in an easy read way and contained many photographs that helped people to talk about and be involved in the planning. The people we spoke with confirmed that the information written about them was correct. Plans were in place to create electronic records for both services.

We saw that when children arrived at the short breaks scheme from school the staff were well prepared for their visit. We saw that because the weather was warm outside equipment and toys were available for children to use. The swing was particularly popular with one child and there was also a paddling pool out for them to use. Another young person had the toys out that they liked to play with.

Staff we talked with told us that being prepared and play was important if children and young people were to get the most out of their stay at the short breaks scheme. Staff told us there was a weekly budget available for activities and the service was well resourced.

We saw that staff had received training in 'Messy Play' from a children's speech and language therapist. This is important because it provides a sensory experience for children and may help to develop concentration and problem solving skills. We saw that other sensory equipment such as a foot spa and bubbles were used. A staff member said, "I like being with the children and having fun with them." Another said, "It makes your day when you see people giggling and smiling."

We saw photographs displayed of people attending different social occasions, for example, Valentine's Day, Chinese New Year and a Garden Party. We were told that to help people access and participate in the community, staff used a variety of different ways of getting around. We saw these included; walking, taxis and public transport such as, Ring and Ride and the Metrolink.

We saw that parents and relatives had the opportunity to attend coffee mornings at the short breaks scheme. These were held at the weekend to help give the opportunity for them to attend and give feedback on the support received from the service. We saw the coffee mornings were arranged in advance for the year, one of which was treated as a Christmas Party. A coffee morning had taken place on 5 June 2016 when photographs were taken for the launch of the forthcoming 'Cooking with Cambeck' recipe book. The recipe book was about healthy eating and had been put together by people who use the service, families and staff.

The 'Cooking with Cambeck' book launch was planned to take place on Sunday 26 June 2016 as part of Learning Disability Awareness Week 2016. We saw that a family friendly day was planned with show cooking, face painting, donkey rides and entertainment from the 'Kids Rock' music therapy group.

We saw that the assistant practitioner at the short breaks scheme had produced a newsletter. We saw a copy of the 'Cambeck Times Letter' that covered events in April and May and gave information about what was happening in June 2016. This showed pictures of a young person playing out and having fish and chips for tea in the garden and people enjoying playing a pyramid bean bag game and bingo. On the weekend before our visit we saw that people had been out to a local park, enjoyed a barbeque and had a pamper evening.

During our visit to the supported living scheme, people told us they had busy social lifestyles, which included going to college, art courses and going shopping for clothes to name but a few. We saw pictures of a person who used the supported living scheme celebrating their eightieth birthday party at a local social club. We also saw that they had been on a cruise, which was one of the goals that they wanted to achieve. Other people were in the process of planning a joint birthday party.

People we spoke with at the supported living scheme told us they were encouraged to be as independent as possible. Where able they involved themselves in house hold tasks around the house. For example, washing up and keeping their bedrooms clean and tidy. The photographs we saw on people's files supported this.

The service had connections with Bury Parent's Forum and have attended the share our services initiatives and courses available. At the time of our visit, the short breaks service was looking to participate in signalong courses.

We saw on the Learning Disability Directorate newsletter feedback from the North West Regional Forum 2016 about transforming care. This is a three day conference for people with learning disabilities in the North West. Feedback from the conference included feedback from people in relation to 'Getting and Keeping Good Staff.' Feedback included, for example, good communication skills, helping people to make friends, learning to support people to be in control of their lives and to help them to be as independent as possible.

We also saw that the Directorate was involved in the Bury Learning Disability Transforming Care group and the Greater Manchester devolution process.

We were told about the PURE innovations work scheme where the provider was, with support and reasonable adjustments, looking at ways to provide adults with learning disabilities with paid employment.

The registered manager showed us two complaints received by the service. The complainants had been offered the opportunity to complain after they had been informed by the service of two incidents that had happened. We saw that detailed investigations had been undertaken and face-to-face apologies had been given to the complainants.

We saw that because of the complaint the provider rolled out a programme of training to staff at the short breaks scheme. The registered manager confirmed to us that the complainants were satisfied with the investigations, outcome and the action taken to improve the service.

People who used the service and their families could also contact the Patient Advise and Liaison Service (PALS) if they had any concerns. We saw a copy of PALS easy read picture version of the 'Here to Help'

document which told people what the service was about and how they could help.

We saw that the provider kept records of compliments. We saw a thank you card recorded on 26.05.2016, which stated "Special thanks to all the staff for all the care you have given to [relative] this weekend. Without you [parents] would not have been able to have a break."

Is the service well-led?

Our findings

Cambeck Close comprises of a short breaks scheme and a supported living scheme. They are part of the Learning Disability Directorate, which sits within the Specialist Services Division of Pennine Care NHS Foundation Trust.

There was a registered manager at the service. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. An associate director and an acting manager for the Learning Disability Directorate supported the registered manager as well as a nurse team, senior support workers and a team administrator.

We saw that registered manager held meetings with qualified nurses and senior support workers. This meant that senior staff had the opportunity to raise any concerns or share ideas that might help improve the service. Staff team days were also held at the service. Staff we spoke with told us that they were confident that managers for both services would address any concerns they raised. We saw that the registered manager had plans in place at both schemes to check that any areas of concern or improvements identified were completed.

We saw that the registered manager received a monthly return from senior support workers at the supported living scheme. The records confirmed that supervisions and team meetings had taken place and also informed the registered manager of any updated training undertaken by staff. We saw that the registered manager attended health, governance and quality meetings for the Specialist Services Division throughout the year. We saw copies of the minutes of the recent minutes of these meetings.

Cambeck Close was part of the Learning Disability directorate. The Learning Disability Directorate produced a newsletter for staff that helped keep them up to date with what was happening in the directorate. The newsletter provided positive feedback to staff about their efforts made in preparation for the CQC inspection, improvements in the core and essential training and information about the importance of incident reporting.

The short breaks scheme had plans in place to support the Learning Disability Awareness Week between 20 – 27th June 2016. Staff and people who use the service were hosting a stand at a local supermarket that they used regularly to shop and use the café. The service was also part of the local Learning Disability Partnership board.

We saw that the Learning Disabilities Directorate had a Business Plan in place for 2016/2017, which included assessments of the services internal capability, external threats and an action plan to be reviewed mid-term in October 2016. We also saw that the service had plans to develop the service further. Plans included the introduction of a new family liaison role, personal health budgets and the increase use of volunteers through Bury Employment Support and Training (Bury EST). Bury EST is a service that helps people who

have a disability job opportunities. Laptops and iPads were being made available to staff at the supported houses to use for online training and attending online meetings.

We saw information was displayed in the Cambeck Close office training room about the five domains used by CQC. All staff had been involved in developing this information.

During our inspection, we contact the commissioner and safeguarding teams at the local authority and Clinical Commissioning Group (CCG). They raised no concerns about the service with us.

We saw that the service asked relatives for feedback about both services to check out what they thought about the quality of service their family member received. We saw twenty returned questionnaires and email responses about the service, which were overall positive.

Parents of children and young people commented under the section, 'What difference has this short break made to you and your child?' "Time to recharge our batteries and spend time with other members of the family," "Loads of difference I can get things done and [child] is happy," "A great difference for myself and other siblings to do things together" and "I get a good night's sleep." A relative commented about a person who used the supported living scheme, "I am satisfied that [relative] is being well looked after and appreciate all the hard work that staff put in."